

10/573,797

IAP13 Rec'd PCT/PTO 19 OCT 2006

Practitioner's Docket No. U 016223-4

**PATENT**

**TRANSMITTAL LETTER TO THE U.S. DESIGNATED OFFICE (DO/US)--  
ENTRY INTO THE U.S. NATIONAL STAGE UNDER CHAPTER I**

|   |  |  |
|---|--|--|
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2004/014350  | INTERNATIONAL FILING DATE<br>30 SEPTEMBER 2004 | PRIORITY DATE CLAIMED<br>30 SEPTEMBER 2003 |
| TITLE OF INVENTION<br>INK COMPOSITION, AND INK JET RECORDING METHOD AND RECORDED MATTER USING<br>THE SAME |  |  |
| APPLICANT(S)  |  |  |

1. OKI, Yasuhiro
2. KITAMURA, Kazuhiko
3. HAYASHI, Hiroko
4. TATEISHI, Keiich
5. TANAKA, Shigeaki
6. YABUKI, Yoshiharu

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Alexandria, VA 22313-1450

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00140

PATENT TRADEMARK OFFICE

ATTENTION: DO/US

**LETTER RE: SECOND REQUEST FOR NOTICE OF MISSING PARTS**

We note upon review of our file that we have not received the Notice of Missing Parts

**CERTIFICATION UNDER 37 C.F.R. 1.10\***

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(Express Mail certification is optional.)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date **October 19, 2006**, in an envelope as Express Mail Post Office to Addressee," mailing Label Number **EV 815 586 399 US**, addressed to the: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

GERALDINE MARTI

*(type or print name of person mailing paper)*

Signature of person mailing paper

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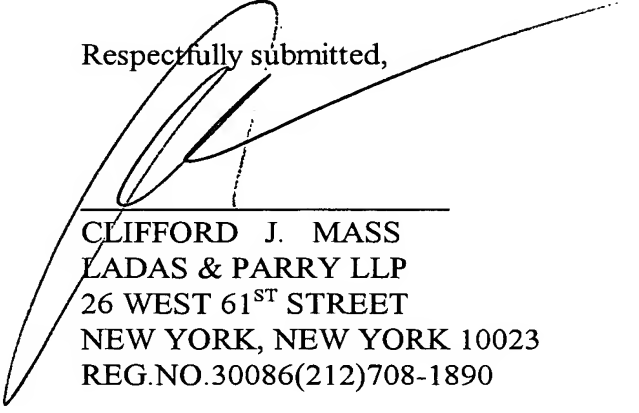
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for the above-referenced application.

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Kindly advise the undersigned attorney with respect to this matter.

Respectfully submitted,



---

CLIFFORD J. MASS  
LADAS & PARRY LLP  
26 WEST 61<sup>ST</sup> STREET  
NEW YORK, NEW YORK 10023  
REG.NO.30086(212)708-1890

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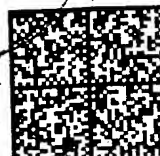
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| Date Accepted                                | Scheduled Date of Delivery  | Return Receipt Fee       |  |
| 10/19/06                                     | Month Day   | \$                       |  |
| Mo. Day Year                                 | Scheduled Time of Delivery  | COD Fee                  |  |
| 10 19 06                                     | <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                            | \$                       |  |
| Time Accepted                                | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM                                | Insurance Fee            |  |
| 10/19/06                                     |   | \$                       |  |
| Flat Rate <input type="checkbox"/> or Weight | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                        | Total Postage & Fees     |  |
| 10025  | Int'l Alpha Country Code  | \$                       |  |
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| Delivery Attempt   | Time  | Employee Signature |  |
| Mo. Day  | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |  |
| Delivery Date  | Time  | Employee Signature |  |
| Mo. Day  | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |  |
| <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> WORKDAY <input type="checkbox"/> HOLIDAY <input type="checkbox"/> CUSTOMER SIGNATURE |   |                    |  |